

**Michigan Department of Health and Human Services
WIC Division**

WIC VENDOR COMPLAINT FORM

Date:

Vendor #

Complainant:

Phone #

Complain submitted by (if not submitted by actual complainant):

WIC Vendor Name:

Vendor Address:

Approximate Date Occurred:

Approximate Time Occurred:

Person Talked to at Store:

Does the Client have the Receipt? YES ☐ NO ☐

Nature of Complaint:

State WIC Office Action/Resolution:

Received By: Regular Phone ☐ Call WIC Hotline ☐ e-Mail ☐ Regular Mail ☐

Other

Completed By:

Date: